Understanding Your Travel Benefit

A medical emergency while travelling can be a frightening and costly experience. But with your Sun Life Financial group benefits plan you'll have the protection you need and you'll have access to the expertise of our emergency travel assistance partner – Europ Assistance USA, Inc. (Europ Assistance) 24 hours a day if you suffer an illness or injury while away from home.

When you travel

Before you leave, be sure to print a copy of your Travel Card. You can do so quickly and easily by logging on to the Plan Member Services website [1]. All contact information is printed on your card. You can also download your out of province travel card [2].

At the time of a medical emergency, you or someone with you must contact Europ Assistance before receiving medical care. Any invasive and investigative procedures (e.g. surgery, angiogram, MRI) must be pre-authorized by Europ Assistance, except in extreme circumstances. **Note**: If Europ Assistance is not contacted, your claim may be denied or payments limited for all expenses related to those emergency services.

**Definition of "Emergency"**

Emergency means an acute illness or accidental injury that requires immediate, medically necessary treatment prescribed by a doctor. An emergency ends when you are medically stable to return to the province where you live.

**Definition of "Emergency Services"**

Emergency services mean any reasonable medical services or supplies including advice, treatment, medical procedures or surgery required as a result of an emergency.

**When appropriate, Europ Assistance staff will:**

- refer you to a medical facility or physician,
- confirm your coverage and benefits,
- facilitate payments to a hospital or medical provider whenever possible.

**Chronic pre-existing conditions**

There are some emergency services you aren’t covered for, or there may be limits and conditions that apply. Please ensure you read your employee booklet or visit our Plan Member Services website to understand your coverage.

**Note**: When you or a family member has a chronic pre-existing condition, emergency services do not include treatment provided as part of an established management program for a chronic condition that existed before you left your province of residence.

Here are some examples of when emergency services would, and would not be covered:

- A member has a chronic asthma condition that they manage with medication. While traveling abroad, they suffer an unexpected asthma attack and require emergency medical treatment.
This treatment would be covered because it is an illness that requires immediate medical attention that can’t wait until the member returns home to Canada.

- A member with kidney disease requires regular dialysis treatments to manage their chronic condition. While traveling abroad, they are unable to access their regular treatment. In this case, any dialysis treatment or any medical emergency resulting from the absence of such treatment would not be covered. It is expected that the member would make arrangements for continued dialysis, as required, during their trip.

- A member with a heart condition needs to take blood thinner medication and has to be monitored regularly to ensure that the clotting time of their blood is within the desired range (PT/INR monitoring). While traveling abroad, these monitoring visits would not be covered if they decide to go to a doctor's office to have their blood levels checked, as they are not considered to be an emergency service. However, if the patient ran into complications (i.e. develops a blood clot causing a stroke or embolism) and needed emergency care, the emergency services would be covered.